

## **EXHIBIT 10**

INCIDENT REPORT Form 04/008 1163-25-40		POLICE DEPARTMENT BALTIMORE, MARYLAND				1 Criteria / Incident ARSON		Attempt	2 Complaint Number 112H03606
<input type="checkbox"/> Person <input checked="" type="checkbox"/> Property <input type="checkbox"/> Vehicle <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Domestic Related <input type="checkbox"/> Gero Related <input type="checkbox"/> Juvenile Related <input type="checkbox"/> Hate Crime						3 Location of Offense / Incident (Block Street Address) 1601 B. CLINTON ST. 21224		Page 1 of 3	
<input type="checkbox"/> Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up <input type="checkbox"/> 16 Crime Code <input type="checkbox"/> 17 C/M/C Classification <input checked="" type="checkbox"/> X				4 Date / Time Occurred 8 AUG, 11 0908		5 Date / Time Reported #4	
<input type="checkbox"/> Unit 2B31		<input type="checkbox"/> Post of Occurrence 231		<input type="checkbox"/> Reporting Area COP7		<input type="checkbox"/> Street Code 0888		<input type="checkbox"/> 10 CAD Number 0888	
<input type="checkbox"/> 18 Location Given by Dispatcher #3						<input type="checkbox"/> 11 Location Given by Dispatcher #3		<input type="checkbox"/> 12 Complaint Report No.	
<input type="checkbox"/> 13 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 15 Follow-up <input type="checkbox"/> 16 Crime Code <input type="checkbox"/> 17 C/M/C Classification <input checked="" type="checkbox"/> X				<input type="checkbox"/> 18 Describe Location of Offense or Type of Premises OFFICE BUILDING		<input type="checkbox"/> 19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> 20 Complainant / Victim (Last, First, MI), or First Name & Suffix Victim COPT						<input type="checkbox"/> Residence / Address (Include City, County, State, Zip) 1601 B. CLINTON ST. 21224		<input type="checkbox"/> Sex    Race    Age ...    ...    008	
<input type="checkbox"/> 21 Where Employed or School Attending (Include City Located)		<input type="checkbox"/> Occupation				<input type="checkbox"/> Hours of Employment / Residence Phone		<input type="checkbox"/> Other Phone 410-278-8081	
<input type="checkbox"/> 22 Injuries and Location on Body		<input type="checkbox"/> Victim's Condition		<input type="checkbox"/> Victim Hospitalized Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 23 Victim / Assailant Relationship <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> 24 Reporting Person SMITH, DAVID		<input type="checkbox"/> Sex    Race    Age    DOB		<input type="checkbox"/> Address (Include City, County, State, Zip) 1601 B. CLINTON ST. 21224		<input type="checkbox"/> Residence Phone		<input type="checkbox"/> Other Phone 4102768081	
<input type="checkbox"/> 25 Where Parents/Guardian (Name (Last, First, MI))		<input type="checkbox"/> Address (Include City, County, State, Zip)				<input type="checkbox"/> Residence Phone		<input type="checkbox"/> Other Phone	
<input type="checkbox"/> 26 Suspect (Name (Last, First, MI)) MAHMOOD, MARIA		<input type="checkbox"/> Address (Include City, County, State, Zip) 14717 EXBURY LN. 20707				<input type="checkbox"/> Sex    Race    Age    DOB F    O    31    08/15/78		<input type="checkbox"/> Height    Weight 5'0"    115	
<input type="checkbox"/> 27 Description of Suspect(s) (Action / Conversation)		<input type="checkbox"/> 28 Point of Entry		<input type="checkbox"/> 29 Location Last Seen		<input type="checkbox"/> 30 Method of Escape		<input type="checkbox"/> 31 Direction of Escape	
<input type="checkbox"/> 32 Weapon / Means of Attack		<input type="checkbox"/> 33 Method Used to Commit Crime		<input type="checkbox"/> 34 Type of Property Taken		<input type="checkbox"/> 35 Total Loss Value			
<input type="checkbox"/> 36 Vehicle Information <input type="checkbox"/> 37 Vehicle Identification Number (VIN)		<input type="checkbox"/> State    Exploration    Vehicle Year Make    Model    Body Style Color				<input type="checkbox"/> 38 Usage			
<input type="checkbox"/> 39 Ignition Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 40 Keys in Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> 41 Doors Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 42 Windows Closed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> 43 Radio in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 44 Battery in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> 45 Spare Tire in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 46 Trunk Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> 47 Registered Owner Name (Last, First, MI)		<input type="checkbox"/> Sex    Race    Age    DOB		<input type="checkbox"/> 48 Address (Include City, County, State, Zip)					
<input type="checkbox"/> 49 Recovered by		<input type="checkbox"/> 50 Method of Theft		<input type="checkbox"/> 51 Evidence of Bumping / Tampering		<input type="checkbox"/> 52 Repo. Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 53 Tow List Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> 54 Owner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> 55 Owner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> 56 Towed by		<input type="checkbox"/> 57 Location Towed From		<input type="checkbox"/> 58 Location Towed To		<input type="checkbox"/> 59 Towed by		<input type="checkbox"/> 60 Tow Truck Operator Signature	
<input type="checkbox"/> 61 Detective Notified VOGT		<input type="checkbox"/> 62 Sequence No. Assignment C031		<input type="checkbox"/> 63 CID		<input type="checkbox"/> 64 Unit Number 6826		<input type="checkbox"/> 65 Time 1100	
<input type="checkbox"/> 66 Crime Lab Technician Name TRAN								<input type="checkbox"/> 67 Hot Desk Person Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> 68 Communications Supervisor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 69 Citywide Broadcast <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> 70 Victim Assistance/Incident Information/Explanation <input type="checkbox"/> Form(s) Provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> 71 Copied/Furnished To <i>ASU PAR</i>									
<input type="checkbox"/> 72 Cont'd <input type="checkbox"/> Section		<small>Narrative: (1) Description of any preceding facts. (2) Property listing, to include property value and value of recovered property; list property inventory number(s) when applicable. (3) Describe details of incident, include all types of preliminary investigation. (4) List all additional notifications, including names, agency or organization, title number, telephone number, date, time. (5) List all arrests, including arrest numbers and charges.</small>							
<input type="checkbox"/> 73 Reporting Officer Name (PRINT CLEARLY) DET. FRANCIS		<input type="checkbox"/> 74 Sequence No. Assignment F013		<input type="checkbox"/> 75 SED		<input type="checkbox"/> 76 Signature 			
<input type="checkbox"/> 77 Approving Supervisor Name and Rank <i>John Feb 1 2011</i>		<input type="checkbox"/> 78 Sequence No. Assignment SJD		<input type="checkbox"/> 79 Signature 					
<input type="checkbox"/> 80 RUS Data Entered By <i>Mark</i>		<input type="checkbox"/> 81 Sequence No. Date <i>100811 0909</i>		<input type="checkbox"/> 82 Time <i>1000</i>		<input type="checkbox"/> 83 Reviewer <i>CTD</i>		<input type="checkbox"/> 84 Referred To <i>CTD</i>	

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

EXHIBIT

PENGAD 600-631-6889

Mahmood 10  
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SUPPLEMENT REPORT Form 04/07 1180-35-33		POLICE DEPARTMENT BALTIMORE, MARYLAND																		
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Follow Up			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Offense / Incident <b>ARSON</b></td> <td style="width: 50%; padding: 2px;">12 Complaint Number <b>112H03605</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2 Location of Offense / Incident (Street Address, Zip) <b>1501 S. CLINTON ST. 21224</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">3 Date / Time of This Report <b>8 AUG, 11 0909</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">4 Arrest / Custody Number <b>11260406</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">5 Original Report Date / Time <b>#4</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">6 Offense / Incident Charged From</td> </tr> </table>						1 Offense / Incident <b>ARSON</b>	12 Complaint Number <b>112H03605</b>	2 Location of Offense / Incident (Street Address, Zip) <b>1501 S. CLINTON ST. 21224</b>		3 Date / Time of This Report <b>8 AUG, 11 0909</b>		4 Arrest / Custody Number <b>11260406</b>		5 Original Report Date / Time <b>#4</b>		6 Offense / Incident Charged From	
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8 Unit <b>2B31</b>	7 Post of Documentation Reporting Area <b>231</b>	8 Street Code <b>0896</b>	9 CAD Number <b>COPT</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">10 Case Status <input checked="" type="checkbox"/> Open   <input type="checkbox"/> Closed</td> <td style="width: 50%; padding: 2px;">11 Multiple Offenses <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">12 Case Disposition <input checked="" type="checkbox"/> Cleared   <input type="checkbox"/> Not Cleared</td> </tr> <tr> <td colspan="2" style="padding: 2px;">13 Explain</td> </tr> </table>				10 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	11 Multiple Offenses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		13 Explain		14 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Code <b>XU</b>	16 Offense Classification				
10 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	11 Multiple Offenses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
12 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared																				
13 Explain																				
17 Completed / Name (Last, First, M.I.) or Firm Name & Business <b>COPT</b>			18 Residence / Address (Include City, County, State, Zip) <b>1501 S. CLINTON ST. 21224</b>						19 Sex	20 Race	21 Age	22 DOB								
23 Captain Forwarded To <b>PFK ASU</b>																				
<p>Cont'd (1) Description of any preceding items. (2) Property listing, to include property taken and abandoned/damaged property. Det. property inventory number(s) when applicable. (3) Reasons of activity and all developments in case. (4) Report to law report, include names and arrest numbers of all persons arrested. Det. date any apprehended criminal cases/other charges. (5) List of additional notifications, including name, rank or position, and number, telephone number, date, time. (6) Recommended case status when applicable. (7) If Multiple Clearance, include all affected complaint case numbers.</p>																				
<p>ON 8 AUGUST 2011 @ 9:09 am, DETECTIVE FRANCIS, 2B31 UNIT RESPONDED TO 1501 S. CLINTON STREET, MARINER BANK TOWER, FOR A REPORTED OF A B&amp;E. UPON HER ARRIVAL SHE WAS DIRECTED TO THE 13TH FLOOR WHERE SHE SPOKE WITH DAVID SMITH, PROPERTY MANAGER FOR THE BUILDING. SMITH REPORTED THAT A FIRE HAD BEEN SET IN THE WOMEN'S BATHROOM ON THE 13TH FLOOR. DETECTIVE FRANCIS CHECKED THE BATHROOM AND FOUND THE REMAINS OF A FIRE AGAINST THE WEST WALL OF THE BATHROOM AND CONTACTED THE FIRE DEPARTMENT.</p> <p>ENGINE CO. #41 RESPONDED TO THE SCENE AND CAPTAIN DIEHL REQUESTED AN INVESTIGATOR WITH THE FIRE INVESTIGATION BUREAU TO BE NOTIFIED. CAPTAIN BRUCE SHILOH, F.I.B. #3 ARRIVED AND CONDUCTED AN INVESTIGATION INTO THE ORIGIN AND CAUSE OF THE FIRE. CAPTAIN SHILOH DETERMINED THAT THE FIRE ORIGINATED AGAINST THE WEST WALL OF THE WOMEN'S BATHROOM ON THE 13TH FLOOR WHERE TOILET TISSUE AND A PIECE OF TWINE WHERE STUCK TO THE UNDERSIDE OF A SINK AGAINST THE WALL. AN OPEN FLAME IGNITED THE PAPER WITH THE RESULTING FIRE CONSUMING PART OF THE TOILET PAPER AND TWINE WITH EXTENSION OF FIRE TO THE LOWER PORTION OF THE WEST WALL. THE WALL SURFACE WAS PARTIALLY BURNED AND SCORCHED IN AN AREA MEASURING 10 X 18 INCHES.</p> <p>ON THE SINK NEXT TO THE BASIN A PLASTIC SANDWICH BAG WAS LOCATED. INSIDE THIS BAGGIE WAS A ROUND PLASTIC TUPPERWARE TYPE CONTAINER WITH PAPER MATERIAL INSIDE. AN ODOR OF AN IGNITABLE LIQUID WAS EMANATING FROM THIS BAGGIE. CAPTAIN SHILOH DETERMINED THAT THE FIRE WAS INCENDIARY IN NATURE, BEING DELIBERATELY SET AND REQUESTED POLICE ARSON TO RESPOND TO THE SCENE. THIS DETECTIVE WAS NOTIFIED BY FIRE COMMUNICATIONS AT 9:58 AM HOURS WITH MY ARRIVAL TIME ON THE SCENE AT 11:00 AM.</p> <p>MY INVESTIGATION REVEALED THAT THE FIRE ORIGINATED IN THE WOMEN'S BATHROOM ON THE 13TH FLOOR OF THE MARINER BANK TOWER. TOILET PAPER AND A PIECE OF TWINE WERE IGNITED WITH AN OPEN FLAME. THE FIRE BURNED THE WALL SURFACE OF THE WEST WALL UNDER THE BATHROOM SINK. AN PLASTIC CONTAINER WAS FOUND IN A BAGGIE ON THE COUNTER NEXT TO THE SINK. AN ODOR OF AN IGNITABLE LIQUID COMMONLY ASSOCIATED WITH GASOLINE WAS NOTICED COMING FROM THE BAGGIE AND CONTAINER.</p> <p>FURTHER INVESTIGATION REVEALED TWO WITNESSES TO THE ARSON WERE IDENTIFIED. ONE WITNESS STATED THAT THEY ENTERED THE WOMEN'S BATHROOM WHERE THE FIRE OCCURRED AND NOTICED A STRONG ODOR INSIDE. THEY OBSERVED A WHITE FEMALE, LATER IDENTIFIED AS MARIA MAHMOOD, DOB 8/18/78, WASHING OUT A SMALL PLASTIC CONTAINER IN THE LAST SINK AGAINST THE WEST WALL. THE FEMALE PRODUCED A BAGGIE FROM A BLUE BAG WITH WHITE PAPER TYPE MATERIAL INSIDE. A STRONG ODOR WAS COMING FROM THE BAGGIE. THE FEMALE THEN WENT INTO THE SECOND TO LAST STALL. THIS WITNESS THEN LEFT THE BATHROOM.</p> <p>A SECOND WITNESS THEY ENTERED THE BATHROOM AND ALSO IMMEDIATELY SMELLED A STRANGE ODOR THEY DESCRIBED AS COMING FROM A VEHICLE, AND OBSERVED THE WHITE FEMALE LEAVE THE STALL AND STAND NEXT TO THE LAST SINK AT THE COUNTER TOP. WHEN THIS WITNESS LEFT THE STALL, SHE OBSERVED A SMALL FIRE UNDER THE COUNTER BENEATH THE LAST SINK. THE WITNESS WET A PIECE OF PAPER TOWEL AND ATTEMPTED TO EXTINGUISH THE FIRE.</p> <p>BOTH WITNESSES INDICATED THAT NO ONE OTHER THAN THE WHITE FEMALE ENTERED OR EXITED THE REST</p>																				
<input type="checkbox"/> Continued <span style="float: right;">Date: <b>11/08/11</b></span>																				
<p>21 I affirm and declare that the statements above are true to the best of my knowledge:</p> <p style="text-align: right;">Reporting Person's Signature</p>																				
22 Reporting Officer Name (PRINT CLEARLY) <b>DET. FRANCIS</b>		Sequence No Assignment <b>F013</b>		Signature 																
23 Approving Supervisor Name (PRINT CLEARLY) <b>SSP/BS/Tracy</b>		Sequence No Assignment <b>7104</b>		Signature 																
24 RMS Date Entered-By		Sequence No. <b>10448</b>		File# <b>7104</b>		25 Reviewer/ <b>SD</b>		26 Related To <b>CD</b>												

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

SUPPLEMENTARY REPORT Form 04/007 1180-28-83		POLICE DEPARTMENT BALTIMORE, MARYLAND	
<input checked="" type="checkbox"/> Continuation		<input type="checkbox"/> Follow Up	
Person	Property	Miscellaneous	Vehicle
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing Person		Custody	
<input type="checkbox"/>		<input type="checkbox"/>	
3 Unit 2831		7 Post of Occurrence/ Reporting Area 231	8 Street Code 0800
9 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed		14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
16 Complainant/ Name (Last, First, M.I.), or Firm Name / Business Violin		17 Residence / Address (Include City, County, State, Zip) COPT 1801 S. CLINTON ST. 21224	
18 Copy(ies) Forwarded To		19 Arrest / Custody Number 11280406	
20 Copy(ies) Forwarded To		21 Crime / Incident ARSON	
		22 Complaint Number 112H03608	23 Arrest / Custody Number 11280406
		24 Date / Time of This Report 8 AUG, 11 0809	25 Page 3 of 3
		26 Offense / Incident Charged From #4	27 Offense / Incident Charged From #80
		28 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29 Crime Code
		30 Case Classification	31 Case Status 80
32 Description of any preceding leads, (2) Property Listing, (a) include property taken and seized/ recovered/ evidence/ property; (b) property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. By whom and when/ incident classification stamp. (4) List all additional notifications, including name, agency or organization, last number, telephone number, date, time. (5) Arrestment/ case status when applicable. (6) Vehicle Clearance, include all affected/ case plate/series numbers.		33	
ROOM WHILE THEY WERE INSIDE.			
<p>WHILE DETECTIVE FRANCIS WAS CONDUCTING HER PRELIMINARY INVESTIGATION, SHE IDENTIFIED THE SUSPECT, MARIA MAHMOOD AND TOOK HER INTO CUSTODY. HER BLUE BAG WAS RECOVERED AND INCIDENT TO ARREST WAS SEARCHED. INSIDE THE BAG WAS A SMALL BAGGIE WITH WHITE PAPER INSIDE. ALSO INSIDE THAT BAGGIE WAS A PIECE OF TWINE IDENTICAL TO THE PIECE FOUND BURNING INSIDE THE LADY'S ROOM. ALSO RECOVERED FROM THE BLUE BAG WAS A BIC DISPOSABLE LIGHTER. THE INTERIOR OF THE BAG REAKED OF AN IGNITABLE LIQUID COMMONLY ASSOCIATED WITH GASOLINE.</p>			
Continued <input type="checkbox"/>			
21 I affirm and declare that the statements above are true to the best of my knowledge:		Reporting Person's Signature	
22 Reporting Officer Name (PRINT CLEARLY) DET. FRANCIS		Sequence No/Assignment F013	Signature
23 Approving Supervisor/ Rank <i>Sgt. J. T. Francis</i>		Sequence No/Assignment S-1	Signature
24 RMS Date Entered By <i>J. T. Francis</i>		Sequence No. Date Time	25 Reviewer <i>J. T. Francis</i>
		26 Retainer Fee	<i>J. T. Francis</i>

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